

REQUEST FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING

New Jersey Casino Control Commission

This form is to be completed by a patron requesting to be excluded from gaming activities in all Atlantic City Casinos pursuant to *N.J.A.C. 19:48-2.1* through *2.5*. All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1. NAME: _____
LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE
2. DO YOU USE ANY OTHER NAME OR NAMES? YES ☐ NO ☐. IF YES, LIST THE ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME):

3. HOME ADDRESS: _____
NUMBER AND STREET APT#
- _____
CITY STATE ZIP CODE

4. HOME TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

5. SOCIAL SECURITY NUMBER*: _____
*Disclosure of your Social Security number is voluntary. See instructions for further details.

6. DATE OF BIRTH: _____/_____/_____
MONTH DAY YEAR

7. HEIGHT: _____ 8. WEIGHT: _____
FT-IN LBS

PLEASE CHECK APPROPRIATE BOX:

- | | | |
|---|---|--|
| 9. <u>GENDER</u> : <input type="checkbox"/> (M) MALE
<input type="checkbox"/> (F) FEMALE | 10. <u>HAIR COLOR</u> :
<input type="checkbox"/> (BK) BLACK
<input type="checkbox"/> (BR) BROWN
<input type="checkbox"/> (BD) BLOND
<input type="checkbox"/> (RD) RED
<input type="checkbox"/> (GY) GRAY
<input type="checkbox"/> (WH) WHITE
<input type="checkbox"/> (BA) BALD
<input type="checkbox"/> (OT) OTHER _____ | 11. <u>EYE COLOR</u> :
<input type="checkbox"/> (BK) BLACK
<input type="checkbox"/> (BR) BROWN
<input type="checkbox"/> (HZ) HAZE
<input type="checkbox"/> (BL) BLUE
<input type="checkbox"/> (GY) GRAY
<input type="checkbox"/> (GR) GREEN
<input type="checkbox"/> (OT) OTHER _____ |
|---|---|--|

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: _____

13. MINIMUM SELF-EXCLUSION PERIOD (Choose One) ☐ ONE YEAR ☐ FIVE YEARS ☐ LIFETIME

WAIVER AND RELEASE

I hereby release and forever discharge the State of New Jersey, the Casino Control Commission and its employees, the Division of Gaming Enforcement and its employees and agents, and all casino licensees and their employees and agents from any liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion or my request for removal from the self-exclusion list including (1) its processing or enforcement, (2) the failure of a casino licensee to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed casino or simulcasting facility while on the list of self-excluded persons, and (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at all New Jersey licensed casinos and simulcasting facilities because I am a problem gambler. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Casino Control Commission to direct all New Jersey casino licensees to restrict my gaming activities for a minimum period of one year from the date of this request and indefinitely thereafter, until such time as the Commission removes my name from the self-exclusion list in response to my written request to terminate my voluntary self-exclusion. I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at all licensed casinos and simulcasting facilities and that any money or thing of value obtained by me from, or owed to me by, a casino licensee as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture.

SIGNED: _____

DATE: _____

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DO NOT WRITE BELOW ----- FOR COMMISSION/DGE PERSONNEL USE ONLY

TYPE OF I.D. OFFERED: _____

I certify that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

Commission Employee or DGE Employee (circle one)

Date: _____

Forwarded to Casinos:

Date: _____

Commission Employee